

COMMUNITY HEALTH IMPROVEMENT PLAN 2020-2024

Originated: August 2019

TO CREATE A HEALTHIER COMMUNITY THROUGH COMMUNITY INVESTMENT
AND COLLABORATION BY PROMOTING HEALTH EQUITY THROUGH
OPPORTUNITIES AND EMPOWERMENT IN CASS COUNTY.



CASS COUNTY HEALTH, HUMAN & VETERANS SERVICES

PUBLIC HEALTH SERVICES | COMMUNITY HEALTH BOARD
PO BOX 519 | 400 MICHIGAN AVE W – WALKER, MN 56484

VISIT US ONLINE:


[HTTP://CMS4.REVIZE.COM/REVIZE/CASSCOUNTY/SERVICES/HEALTH_HUMAN_AND_VETERANS_SERVICES/PUBLIC_HEALTH.PHP](http://cms4.revize.com/revize/casscounty/services/health_human_and_veterans_services/public_health.php)

County 1897 Cass County
Seat: was Organized
Walker

2,022
 Square Miles

6th
 Largest County
 In MN

2948 Lakes


393
 Square
 Miles of
 Cass County
 Is Water


Population =

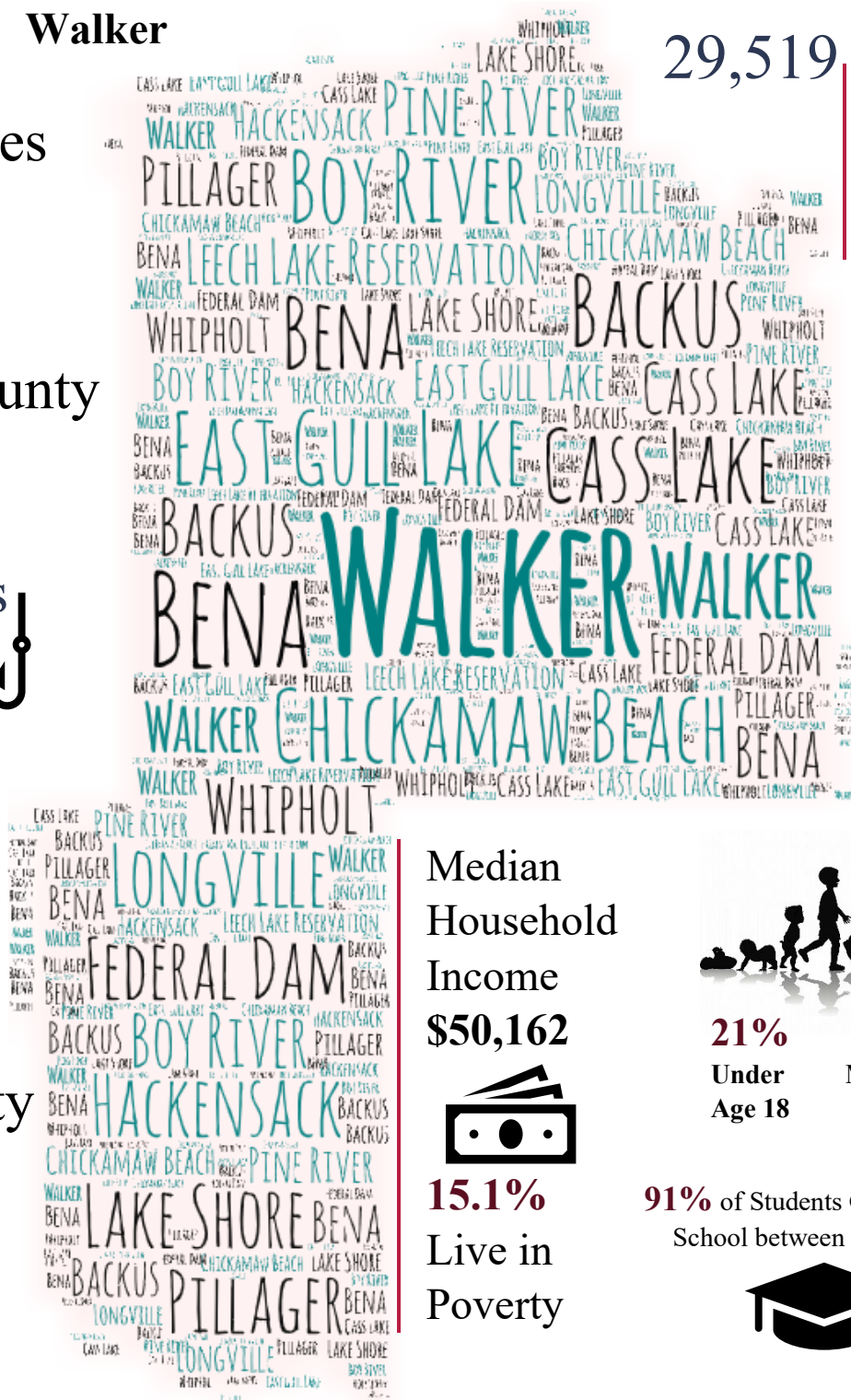
29,519
 14.1
 population
 per square
 mile



51% Male



49% Female



Median
 Household
 Income
\$50,162



15.1%
 Live in
 Poverty



21% **48.7** **26%**
 Under Median Over
 Age 18 Age Age 65

91% of Students Graduated High
 School between 2013 & 2017



Data Sources: 2018 U.S. Census Bureau; referencedesk.com; Data USA

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Background

The Community Health Improvement Plan (CHIP) is the roadmap for improving the performance of the public health system, improving population health and keeping community health planning visible to local decision makers and communities. It lays out a long-term strategic plan to address public health concerns based on results of the Community Health Assessment (CHA). The CHIP is developed collaboratively; it is a community plan not the Community Health Board's (CHB) plan. The Local Public Health act of 1976 is the act that required the Community Health process. CHIP plans are required to be submitted by each CHB to the Minnesota Department of Health (MDH) every five years.

The Public Health Accreditation Board's Requirement

5.2.2(L) Community health improvement plan adopted as a result of the community health improvement planning process.

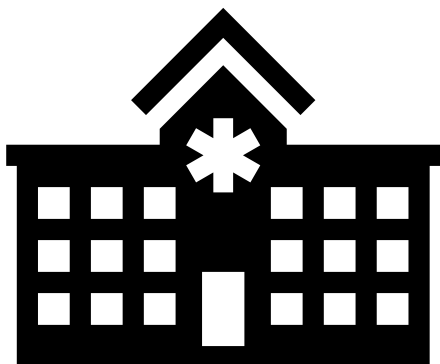
Health Inequities

Cass County Public Health is a Community Health Board recognized as the governing jurisdiction under the Local Public Health Act within Cass County. Cass County has identified health inequities that are present in our community. ¹Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age.

Poverty is a major socioeconomic factor that affects the opportunities for health with the continuing rise of the percent of all ages currently living in poverty at a rate of 15.1%². People in poverty are more likely to experience poorer health. According to Data USA People of different Race and Ethnicity often experience health inequities.

³ Cass County has an American Indian Population of 10.9. Cass County Health, Human and Veterans Services (CCHHVS), maintains a positive partnership with the Leech Lake Band of Ojibwe (LLBO). This relationship is recognized as an asset and increases our strength in addressing disparities with our neighbors and as well as advancing health equity for all citizens of Cass County.

In the 2019 County Health Rankings⁴ – Health Outcomes, Cass County ranked one of the lowest counties in Minnesota at 86 out of 87 for Health Outcomes with morbidity and mortality considerations. These outcomes identify health inequities and the need for change in healthier behaviors such as addressing mental illness, substance abuse, increasing physical exercise, and maintaining healthy weight.



**There is not a Hospital in
Cass County.
The nearest Hospital is 35 miles
from Walker, the County Seat.**

¹ World Health Organization

² Census www.census.gov in Minnesota Department of Health Center for Health Statistics

³ <https://datausa.io/profile/geo/cass-county-mn/#demographics>

⁴ <https://www.countyhealthrankings.org/rankings/data/mn>

The Community Planning Process

The community visioning began by engaging stakeholders in the task of gathering information from a community's perspective of its overall health. The process was led by Cass County Public Health and under advisement of the Cass County Health, Human & Veterans Services (HHVS) Advisory Committee which acts as the Human Services Board per MN Statute Chapter 402.

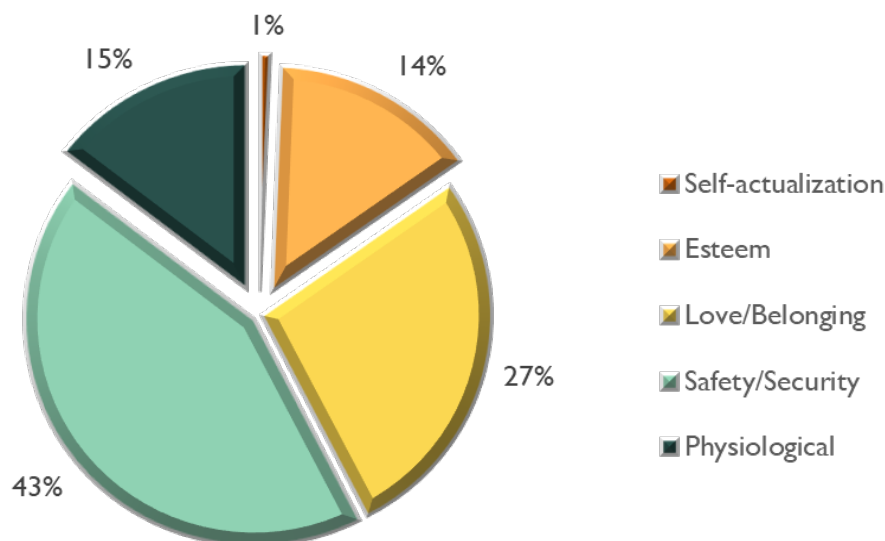
Based on a Community-driven health improvement framework called Mobilizing Action through Planning and Partnership (MAPP) the four MAPP assessments were completed.

- ❖ **Community Health Status Assessment** is a survey that was conducted in the fall of 2018. The survey was sent randomly to 1600 Cass County residents, 391 completed surveys were received from adult residents of Cass County; thus, the overall response rate was 24.4% (391/1600). No completed surveys were received from adults aged 18-24, so the final data represents adults aged 25 and older. The community survey gained information on the needs of Cass County residents.
- ❖ **Community Themes and Strengths Assessment** involved three informal surveys conducted in the fall of 2018. One survey was presented in the lobby of Cass County HHVS targeting clients and guests of HHVS, one was presented to Cass County HHVS employees and the third was presented to the Cass County HHVS Advisory Board. The open-ended question "What do you think is important for a community to be healthy?" was posed. Clients, guests and employees were tasked to use sticky notes and posted their answers on their respective survey boards while the Advisory Board members were each asked to identify their top five needs. The community was invited to a Community Listening Session which was held in Backus. The attendees of this listening session represented various community stakeholders and participants, including representation from the Leech Lake Band of Ojibwe, Health Plans, U of M Extension and a Regional Prevention Coordinator. The community members engaged in active discussion regarding health needs and possible solutions.
- ❖ **Local Public Health Systems Assessment (LPHSA)** The local public health agency utilized the National Public Health Performance Standards (NPHPS) Assessment to determine the performance level for our local public health essential service ratings. Local public health staff was engaged in the community health assessment process and identification of top health issues. The LPHSA measures how well the local public health system delivers the six Essential Public Health Services.
- ❖ **Forces of Change Assessment** Identifies trends, factors and events that are occurring or will occur that influence the community and the Local Public Health system and how they may impact the monitoring and revision process. Future policy, systems & environmental changes needed to accomplish our health objectives will be a part of our monitoring and revision plan.



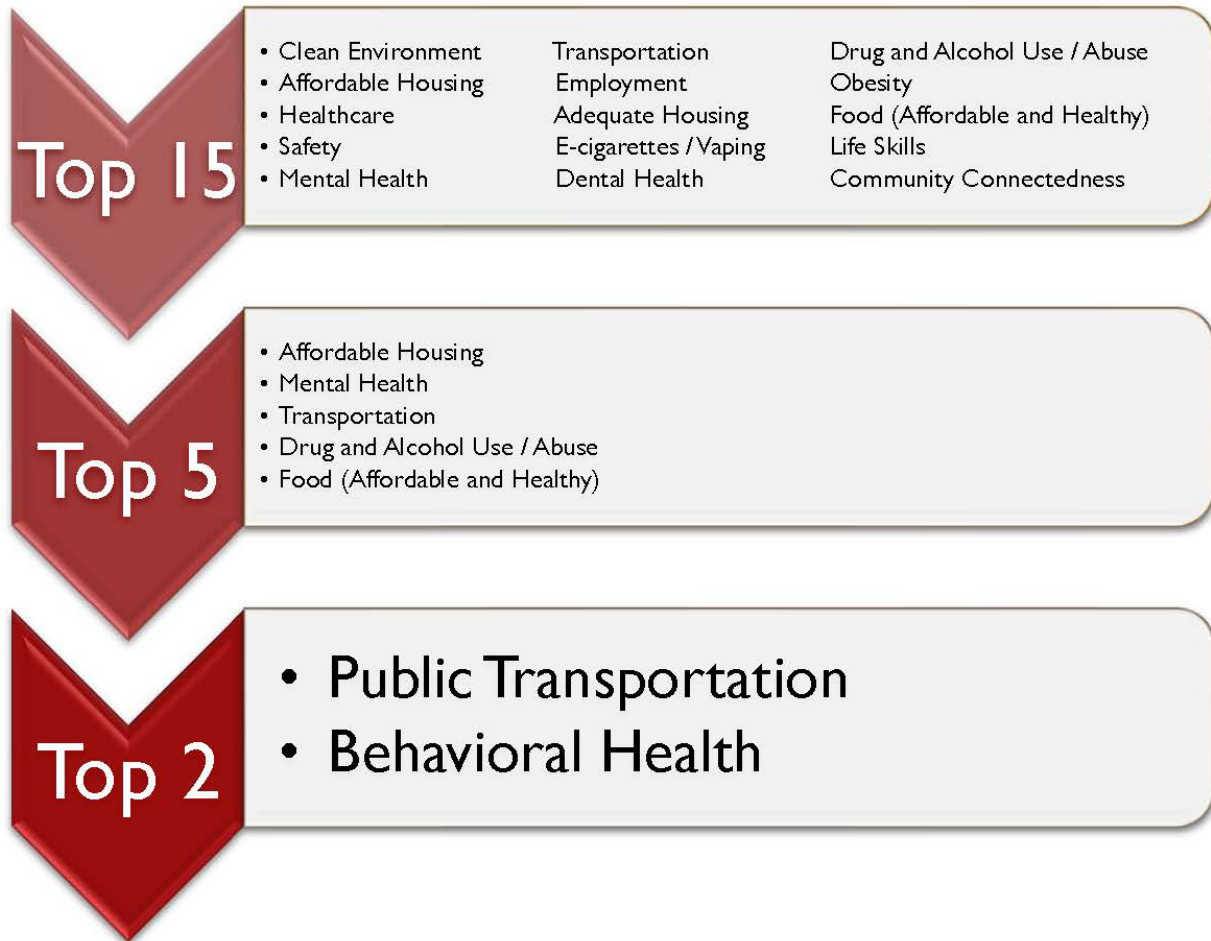
Process to Set Health Priorities

Community concerns identified from the surveys were organized using Maslow's Hierarchy of Needs and by charting common themes found throughout the concerns. Maslow's Hierarchy of Needs is a theory based on human needs and focuses on the deficit of human needs motivating individuals. Typically, basic human needs must be met first, but it is also a flexible and intertwined process. One can move up and down the period overtime or even skip a step. The importance of basic human needs being a priority helped to organize the priority needs within the community. The pie chart below illustrates, with all surveys combined, the safety and security needs are the highest priority needs of the community. The second process used was combining concerns into common themes. These themes were rated based on the occurrence throughout the four surveys, the overall prevalence throughout all surveys combined and presence of concern in the Community Health Status Assessment. See attachment A.



Priorities

The Top 15 Health Priorities were determined using the processes described previously. These Top 15 Health Priorities were presented to community members at the listening session. After review and discussion of each health priority, each attendee was given five dots to apply to their top five health priorities. The determination of the Top 5 Health Priorities allowed for further conversation about the impacts they all have on the community.



The Cass County CHIP committee reviewed the information from the listening session and based on relevance, appropriateness, impact and feasibility deemed **Transportation and Behavioral Health to be the Top 2 Health Priorities**. Behavioral Health was chosen to encompass the entire wellbeing of an individual, merging Mental Health and Substance Use/Abuse. Both priorities are also identified by the Minnesota Department Health to be top concerns throughout the state and nation.



Community Health Priority: Public Transportation

Community Health Importance and Impact: In Greater Minnesota, public transportation comes in the form of local and regional transit systems operated by county and city governments, community action programs, and nonprofits, staffed by both paid workers and volunteers using buses, vans, and cars⁵. Riders who commonly use public transportation in Minnesota are workers, students, seniors, people with disabilities and those of low income. Transportation barriers can lead to rescheduled or missed appointments, delayed health care and missed or delayed medication use. These consequences can lead to poor management of chronic illness and thus poorer health outcomes.⁶ Cass County is the only county within Minnesota without public transportation. This is a great barrier for Cass County residents of all ages, as it creates limited access to employment, healthcare and general errands to meet basic needs. Having options for transportation allows individuals and families to access a wide range of essential needs including food, recreation, school, jobs and health care.

Number of Rides fulfilled in **2018** from
2 different volunteer transportation providers:
Faith in Action = 2,670⁷
Cass County Volunteer Program = 1,641
(Cass County provides only medical transportation for MA eligible clients)
⁷ Faith in Action had an 11% increase in rides from 2017 to 2018



FAITH IN ACTION STATES THAT THEY
WILL BE OVER BUDGET IN 2019 FOR
TRANSPORTATION. SO FAR, THEY
HAVE SERVED 322 PEOPLE AND
PROVIDED 2774 RIDES⁷.

Cass County Transportation
has fulfilled **1,071** Senior Rides in 2018



⁸Transportation Services are used for:

-  Medical Care
-  Employment
-  Education
-  Elderly
-  Grocery
-  Pharmacy

Volunteer Drivers for Cass County⁸

Faith in Action = 104

Cass County HHVS = 31



Operational Costs come from:



Grants
Donations
Fundraisers
State Medical
Reimbursements

Volunteers for
Faith in Action drove
129,813
miles in 2018⁷

⁵ <https://www.ruralmn.org/rural-reality-city-transit-rural-transit/>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/>

⁷ Faith in Action

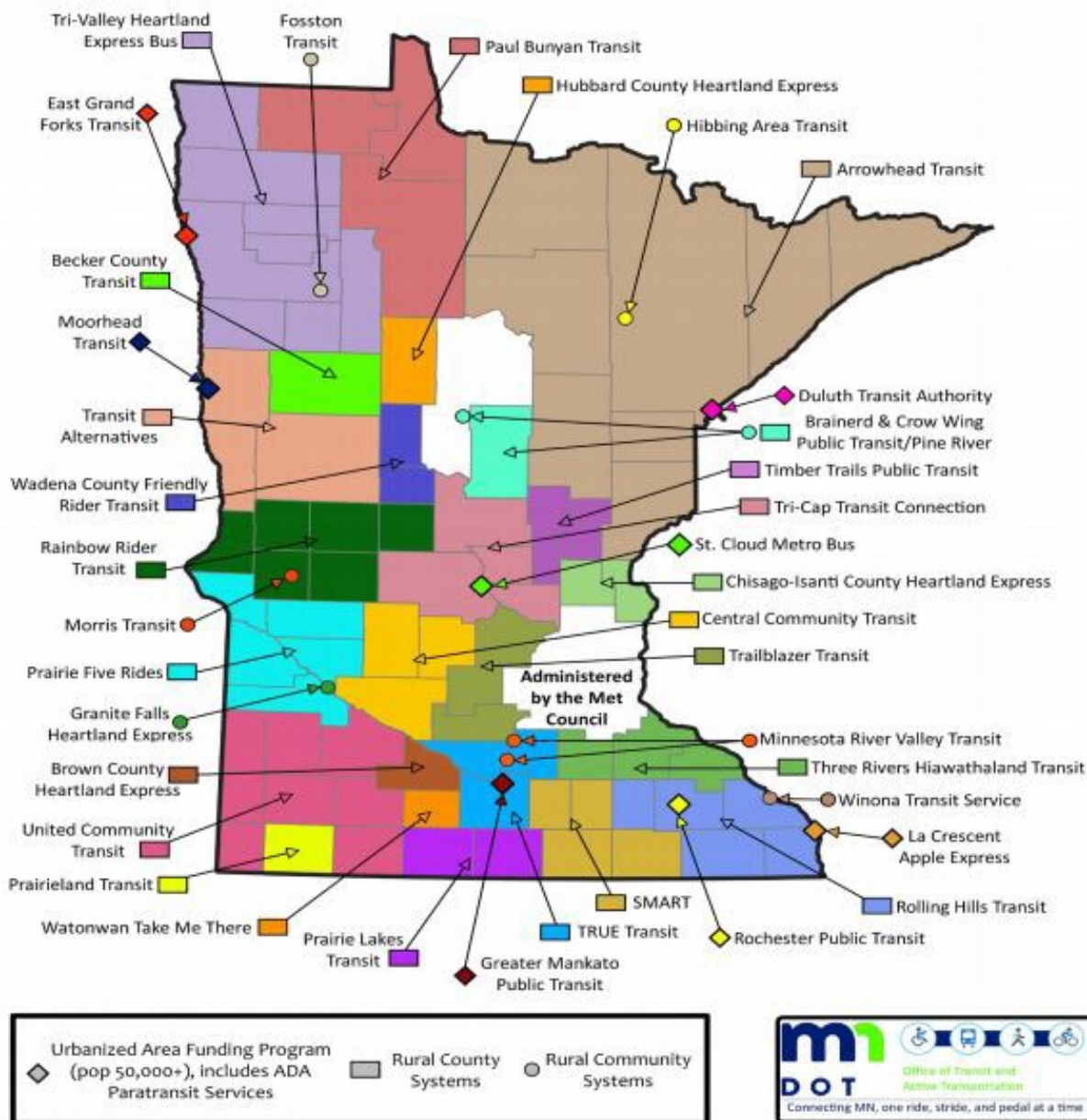
⁸ Cass County HHVS Transportation Program

Cass County is the only county in Minnesota without Public Transportation.

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Greater Minnesota Public Transit Map

Systems Administered by the Minnesota Department of Transportation



⁹ <https://www.dot.state.mn.us/govrel/reports/2019/2018-annual-transit-report.pdf>

Priority Health Issue	Public Transportation
Goal	Increase transportation available to community members.

<p>Measure Increased number of respondents who indicate that lack of access to transportation is not a concern.</p> <p>Baseline: 30.7% of respondents indicate that lack of transportation is not a concern. Target: 40% of respondents indicate that lack of transportation is not a concern. Data Sources: 2018 Community Health Assessment Survey; Subsequent Community Health Assessment Survey.</p>	<p>Secondary Measures</p> <p>1. Expand transportation options beyond Faith in Action and Cass County to two additional options. Baseline: Two options (Faith in Action and Cass County transportation) Target: Four options Data Source: Cass County Resource Directory</p> <p>2. Increase capacity of Cass County transportation for MA eligible rides. fulfilled Baseline: 1641 rides in 2018 Target: 2000 rides by 2022 Data Source: Cass County Transportation Coordinator</p> <p>3. Increase capacity of Cass County Senior Transportation rides fulfilled. Baseline: 1071 rides in 2018 Target: 1400 rides by 2022 Data Source: Cass County Transportation Coordinator</p>
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Strategy: Expand current transportation services

ACTION PLAN

Activity or Action Steps	Target Date	Resources Required	Lead Person/Organization	Anticipated Result	Progress Notes
Assess community member needs through key informants and focus groups.	2021	Staff time; Communication method; Office supplies	CHIP Planning Committee – Transportation sub-committee	One to two focus group discussions; Three to four key informant interviews; Create summary of findings; Share summary of findings	

Identify where the transportation gaps exist by reviewing summary of findings.	2021	Staff time; Summary of findings from assessment;	CHIP Planning Committee – Transportation sub-committee	Share summary of current gaps	
Review current policies and adopt changes as needed.	2022	Staff time; Current policies; Procedure to change policies; Resources to adopt changes (funding, staff, equipment, etc.)	Individual transportation providers.	Policies reviewed; Changes adopted	

Strategy: Promote connections between transportation services and the community members.

ACTION PLAN

Activity or Action Steps	Target Date	Resources Required	Lead Person/Organization	Anticipated Result	Progress Notes
Explore options for outreach of transportation services.	2021	Staff time	Cass County Public Health Strategic Planning Committee	List of outreach options	
Create media resources to be distributed.	2022	Staff time; Office supplies; Media outlet options	Cass County Public Health Strategic Planning Committee	Outreach resources to share through three different media options	

Strategy: Collaborate within and across county jurisdictions to support funding and resource needs.

ACTION PLAN

Activity or Action Steps	Target Date	Resources Required	Lead Person/Organization	Anticipated Result	Progress Notes
Attend Region 5 Transportation Meetings.	2022	Staff time; Upcoming meeting calendars	Jeff Woodford, VSO & Jeff Peterson, Commissioner	Knowledge of current and new resources and initiatives	
Bi-annual CHIP transportation sub-committee meetings.	2022	Staff time; Community Partnerships	CHIP transportation sub-committee	Share resources; Build partnerships	

Community Assets and Resources:

- Regional Transportation Coordinating Council
- Cass County Family Centers
- U of M Extension - SHIP
- Cass County Public Health
- Cass County Human Services
- Bi County CAP
- Cass County Faith in Action
- Leech Lake Band of Ojibwe
- Working Together Coalition
- Chamber of Commerce
- Media
- Health Plans/Insurance
- Cass County Highway Department
- Sourcewell
- Bordering Counties
- Leech Lake Band of Ojibwe

Community Health Priority: Behavioral Health

Community Health Importance and Impact: Mental well-being is more than the absence of illness. Mental well-being is about having fulfilling relationships, utilizing strengths, contributing to community and being resilient, which is the ability to bounce back after setbacks. Mental well-being is a core ingredient for success in school, work, health, and community life. Measuring mental well-being is a critical step towards addressing it.¹⁰ Behavioral Health also encompasses a wide variety of situations and can impact a person at any point in life. Issues can arise from substance use, traumatic life events, and acute or chronic health concerns. Cass County recognized an increase in mental health/behavioral health needs of its residents with limited resources within county borders. Many individuals must travel long distances outside of the county to neighboring counties to seek help.

Behavioral Health Problems Include:

- Substance Abuse or Misuse
- Alcohol & Drug Addiction
- Mental & Substance Use Disorders
- Serious Psychological Distress
- Suicide
- Chemical Use in Pregnancy

In the most recent 2019, Minnesota Student Survey, **14.7%** of 11th grade respondents indicated that they had been treated for a mental health, emotional or behavioral problem in the past year. **9.1%** indicated they had been treated more than a year ago.¹¹

38.7% of 11th grade respondents indicated they were bothered by feeling **down, depressed or hopeless in the past 2 weeks.**¹¹



40.1% of 11th grade respondents indicated They were bothered by feeling **nervous, anxious or on edge in the past 2 weeks.**¹¹

66% of Cass County Residents 25 years or older indicated **Feeling sad, blue or depressed in the past 30 days.**¹³

Top Reasons for not seeking Mental Health Care:¹³

- Cost of Care
- Nervous or Afraid
- Not Serious Enough
- Insurance Did Not Cover
- Didn't Know Where to Go

Suicides in Cass County¹²

2016 = 9

2017 = 7

Average age is 21.5

62% of Males & Females in 9th grade Indicated no Alcohol or Marijuana use in the past year.¹¹



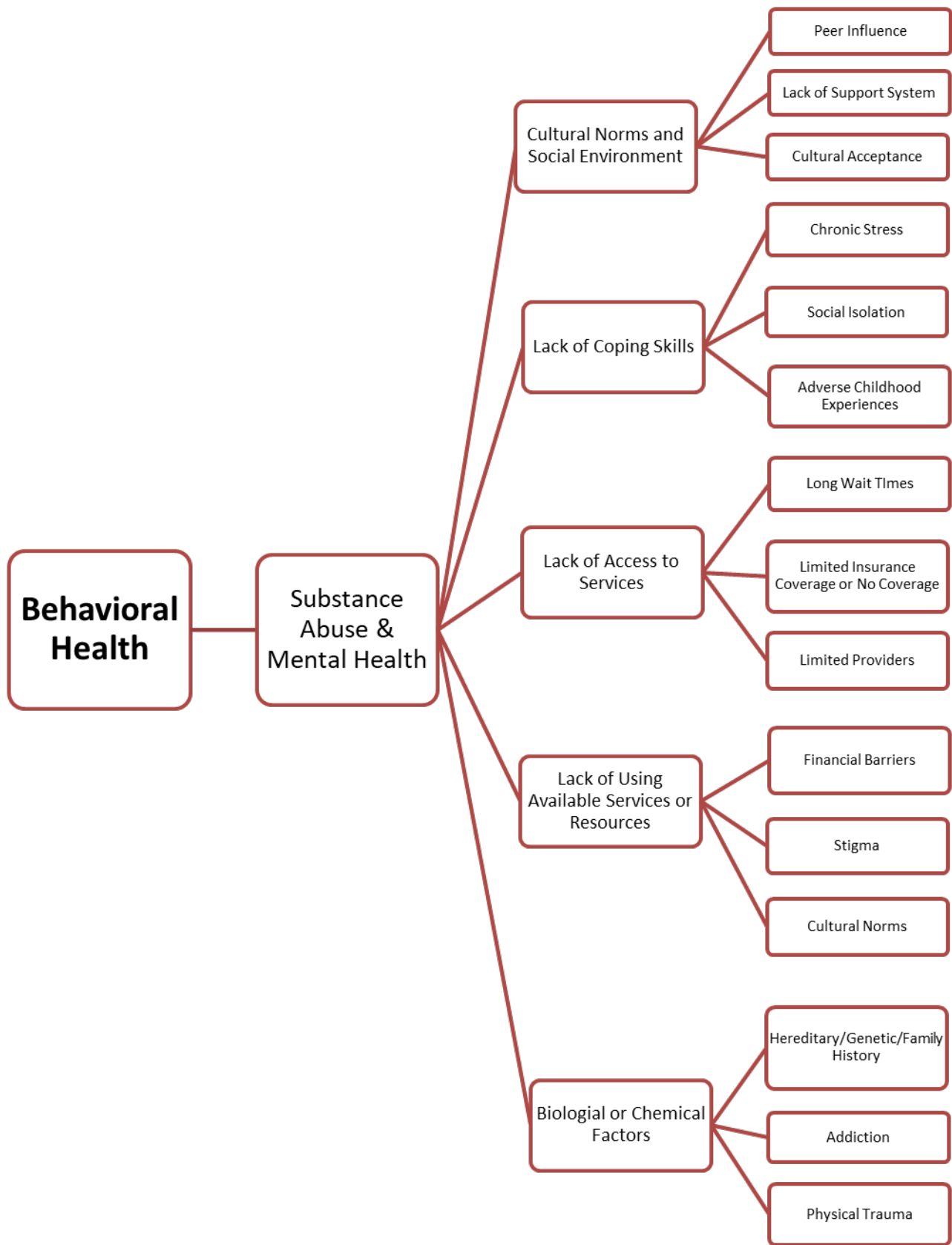
77% of Cass County Residents Indicated that Lack of access to Mental Health Services **is a problem.**¹³

¹⁰ MDH Mental Well-Being Components Defined 2018

¹¹ <https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=242>

¹² <https://www.health.state.mn.us/communities/suicide/documents/2017suicidedatabrief.pdf>

¹³ Cass County Community Survey 2018



Priority Health Issue	Behavioral Health
Goal	Behavioral Health services will be accepted by and accessible to Cass County residents.

<p>Measure Decreased number of respondents indicating a lack of access to Mental Health Services is a concern.</p> <p>Baseline: 77% of respondents indicate that lack of access to Mental Health Services is a concern. Target: 60% of respondents indicate that lack of access to Mental Health Services is a concern. Data Sources: 2018 Community Health Assessment Survey; Subsequent Community Health Assessment Survey.</p>	<p>Secondary Measures</p> <p>1. Decrease the number of 11th graders who indicate they were bothered by feeling down, depressed or hopeless in the past two weeks. Baseline: 38.7% of 11th graders currently indicate the above measure Target: 30% of 11th graders currently indicate the above measure in 2022. Data Source: Minnesota State Student Survey (2019 and 2022).</p> <p>2. Decrease the number of respondents who indicate they feel sad, blue or depressed in the past 30 days. Baseline: 66% of respondents indicate the above measure. Target: 58% of respondents indicate the above measure. Data Source: 2018 Community Health Assessment Survey; Subsequent Community Health Assessment Survey</p>
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Strategy: Explore current Behavioral Health (BH) resources available.

ACTION PLAN

Activity or Action Steps	Target Date	Resources Required	Lead Person/Organization	Anticipated Result	Progress Notes
Assess existing number of BH providers and resources within sixty miles of Cass County Communities.	2021	Staff time	CHIP Behavioral Health sub-committee	Inventory of providers; Resource list of providers; Ratio of providers to residents identified	
Review policies and existing quantitative and qualitative data around BH.	2022	Staff time; Current policies; Key informant interview outline	CHIP planning committee & Behavioral Health sub-committee	Five key informant interviews; Summary of findings created	
Identify gaps and opportunities – focusing on information from populations where disparities and inequities exist.	2022	Summary of data findings; Staff time;	CHIP planning committee & Behavioral Health sub-committee	Summary of findings created and shared	

Strategy: Promote connections between Behavioral Health resources and community members.

ACTION PLAN

Activity or Action Steps	Target Date	Resources Required	Lead Person/Organization	Anticipated Result	Progress Notes
Support positive narrative around BH.	2022	Staff time; Media outlets	CHIP planning committee & Behavioral Health sub-committee; Cass County Trauma Informed Care Committee (TIC)	Media resources shared through three different outlets county wide	
Promote available BH resources.	2022	Staff time;	CHIP planning committee & Behavioral Health sub-committee	One or two community partner(s) will keep BH resource information updated; Same community partner(s) will distribute resource listings throughout community, when updated;	
Expand promotion of crisis text line.	2022	Staff time; Media outlets; Suicide Prevention resources	CHIP planning committee & Behavioral Health sub-committee	Information on Crisis Text Line shared through three media outlets county wide	

Community Assets and Resources:

- Cass County HHVS – Children and Adult Mental Health Teams
- Cass County Family Centers
- Cass County Medical Clinics
- Cass County School Districts
- Opioid Prevention Team
- Regional Mobile Crisis
- Birch Lake Counseling
- Leech Lake Behavioral Health
- Region V - Sourcewell
- Region V – Adult Mental Health Initiative
- West Central Regional Prevention Coordinator
- Leech Lake Band of Ojibwe
- Working Together Coalition
- Health Plans/Insurance
- National Suicide Prevention Lifeline
- Veterans Crisis Line
- Teen Crisis Line
- HOPELINE TEXT Service
- Make It OK.org
- Prevention Institute

“Mental health is more than the absence of disease. Everyone has a state of mental health, and this can change across the lifespan. Not having a mental illness does not guarantee good mental health. Similarly, having a mental illness, does not guarantee poor mental health. It includes life satisfaction, self-acceptance, sense of purpose, identity, feeling connected and belonging, empowerment, and resilience, which is the ability to bounce back after set-backs.” MDH

Monitoring and Revising the Cass County CHIP Plan

According to the Public Health Accreditation Board each Community Health Board must: (§5.2.4) Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from and stakeholders and partners.

Within the Cass County HHVS Community Health Improvement Plan, there is an “Evaluation Plan” to record changes, make modifications and provide updates for the two identified priority areas. These indicators will be tracked throughout the five-year cycle ending in 2023, through the following process:

- The internal CHIP monitoring team will meet on a quarterly basis to provide oversight for the improvement plan, to track implementation and to review our process and progress.
- The Cass County CHIP plan will be reviewed annually with the Cass County Health, Human and Veterans Services (CCHHVS) Advisory Board to share our process, provide updates and to solicit feedback.
- The CHIP plan will be reviewed annually with Cass County HHVS’s Leadership Team and SHIP coordinator to promote dialog, share progress, discuss challenges and to gain feedback for moving forward.
- Review Transportation priority bi-annually with Jeff Woodford, Veterans Services Officer (VSO) & Regional Transportation Coordination Council (RTCC) Board member, who represents a County VSO via the Region Five Development Commission.
- Review the Behavioral Health priority bi-annually with CCHHVS’s Trauma Informed Care (TIC) team members.
- Review Behavioral Health priority bi-annually with the West Central Minnesota’s Regional Prevention Coordinator, including reviewing updated data and requesting feedback for moving forward.
- Explore and engage with additional internal and external stakeholders and workgroup meetings to promote strengthening of our plan while also seeking out new data sources.
- Identify and implement a process to collect new data and to share that data collaboratively.
- The CHIP plan will be posted to the Cass County website for accessibility and public viewing.
- An update of the CHIP plan will be added to the Cass County HHVS “Annual Report”.
- Progress of the CHIP plan will be tracked on action sheets and documented on the “Record of Changes and Updates Form”. Revisions will be made as needed and/or identified.

In addition, the Cass County CHIP plan will summarize any unanticipated outcomes, lessons learned, and share success stories that may influence future actions to our CHIP plan.

Through evaluation, accountability will be increased, modifications and revisions will be considered, processes will be refined and a stronger commitment to improving the health of Cass County citizens will be communicated.

Record of Changes and Updates

Priority 1: Public Transportation

Date	Changes/Updates Summary	Responsible Person(s)
3/17/2020	The CHIP plan was presented to the County Advisory Board on 3/16/20 with positive responses. Community Health Services (CHS) Administrator received notice from the Minnesota Department of Health (MDH) on 9/28/20, stating that Local Public Health (LPH) assessment and planning deliverables would not be requested due to COVID-19 pandemic. Those CHB's who had already turned in their CHIP plan would receive feedback and information on next steps when feasible due to many MDH staff being reassigned to COVID response work.	Renee Lukkason, RN, PHN Jeri Seegmiller RN, PHN
9/29/2020	Presented and reviewed our CHIP plan at our internal CCHHVS's QI committee meeting.	
9/30/2020	Work on development of a transportation grant has been put on hold due to prioritization of COVID-19 response work.	Kim Minton, Office Support Supervisor Jessi Babb, Office Support Specialist
5/3/2022	Initial Work Group identified with plans to increase participation on a partnership and community level.	Jessi Babb, Office Support Specialist Lindsy Fuller, RN, PHN Jeri Seegmiller, RN, PHN

Priority 2: Behavioral Health

Date	Changes/Updates Summary	Responsible Person(s)
3/17/2020	The CHIP plan was presented to the County Advisory Board on 3/16/20 with positive responses. The CHS Administrator received notice from MDH on 9/28/20, stating that LPH assessment and planning deliverables would not be requested due to COVID-19 pandemic. Those CHB's who had already turned in their CHIP plan would receive feedback and information on next steps when feasible due to many MDH staff being reassigned to COVID response work.	Renee Lukkason RN, PHN Jeri Seegmiller, RN, PHN
	9/30/2020 Nicki Linsten-Lodge becomes the new Regional Prevention Coordinator for Region 3. Nicki provides	Nicki Linsten-Lodge Regional Prevention

	<p>Personal support and consultation related to substance misuse and prevention within communities. Nicki has expressed interest in joining our CHIP Team to assist by providing her skills and expertise in this area.</p> <p>Date Working Together has been disbanded related to no further grant funds.</p>	Coordinator
12/28/2020	Our Trauma Informed Care (TIC) committee and workgroup continue to meet monthly. Ideas and resources to promote workplace mental health wellness are reviewed then sent out to staff upon administration approval.	TIC committee members
1/2/2022	Take It To The Box (TTTB) remains active in locations spread Throughout the large geographical and sparsely populated Cass County.	Cass County Law Enforcement Jeri Seegmiller, RN, PHN
5/3/2022	Initial Work Group identified with plans to increase participation on a partnership and community level.	Renee Lukkason RN, PHN Gina Zubke, RN, PHN Nicki Linsten-Lodge Health Plans: Blue Plus, UCare Health Partners